



*Honoring Western North Carolina's Veterans –
their courage, valor and sacrifice in WWII*

A Service Project of Rotary District 7670



Honor Air Veterans Questionnaire

Name: _____

Home Phone: (____) _____ **Email:** _____

Address: _____

Age: _____ **Branch of Service:** _____

Where Did You Serve: _____?

Tell Us A Little About Your Self: _____

**May We Release Your Name, Address, a Photo, and /or Phone Number
To Other Veterans, Trip Participants, or the Media?**

Yes _____ **No** _____

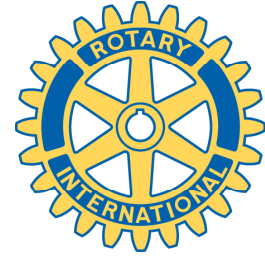
Signature

Date



*Honoring Western North Carolina's Veterans –
their courage, valor and sacrifice in WWII*

A Service Project of Rotary District 7670



Honor Air Veterans Questionnaire

Please explain all “Yes” Answers on the third page

- | | | |
|---|------------|-----------|
| 1. Would you have a problem flying? | Yes | No |
| 2. Do you have a problem with motion, sea, or air sickness? | Yes | No |
| 3. Do you have breathing problems or use oxygen at any time | Yes | No |
| 4. Do you use a cane, walker, crutches, or wheelchair? | Yes | No |
| 5. Would you have a problem walking the length of a football field without assistance? | Yes | No |
| 6. Do you have a history of epilepsy or seizure disorder? | Yes | No |
| 7. Have you suffered a heart attack? | Yes | No |
| 8. Do you suffer from diabetes? | Yes | No |
| 9. Do you have allergies to any drugs? | Yes | No |

10. Please list the medications you are presently taking and how often you take them. (List any other medication on the back of this page):

Name of Medication:

Taken How Often

11. Name and telephone number of someone we can contact in case of an emergency while on the trip.



*Honoring Western North Carolina's Veterans –
their courage, valor and sacrifice in WWII*

A Service Project of Rotary District 7670



Honor Air Veterans Questionnaire

1. In what way do you have a problem flying:

2 Please describe your motion sickness. Is the condition controlled by medication?

3. Please describe your breathing problems. Do you need oxygen? If so, how often is it used? Do you use a home nebulizer machine? How often is it used? How often do you use your hand-held inhalers?

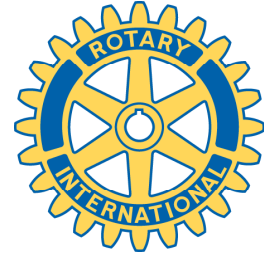
4. What equipment do you use to help you get around (cane, walker, crutches, wheelchair)?

5. If you have problem walking the length of a football field, what is the reason – i.e., lung problems, arthritis problems, heart problems)? How far can you walk without assistance?



*Honoring Western North Carolina's Veterans –
their courage, valor and sacrifice in WWII*

A Service Project of Rotary District 7670



Honor Air Veterans Questionnaire

6. If you have a history of epilepsy or seizure disorder, what type of seizures do you have (i.e. grand mal, petit mal, other)? When was your last seizure? Do you know what triggers your seizures?

7. If you have suffered a heart attack, what medication or medical support do you need?

8. If you suffer from diabetes, do you take medication or do you need other special medical support?

Additional Comments
